Town of Walpole
Commonwealth of Massachusetts

Town Hall
135 School Street
Walpole, Ma. 02081
Phone: (508) 660-7324
Fax: (508) 668-2240
jmee@walpole-ma.gov

Building Commissioner
Jack Mee

To Whom It May Concern:

Your current Certificate of Inspection will expire soon and Massachusetts General Law requires that all places of public assembly be inspected and certified by this department.

In order to expedite the inspection process, we are requesting the following:

1. Inspect your building before the required inspection using the checklist below.
2. Complete the enclosed form, enclose a check in the amount of $40.00 payable to the Town of Walpole, and return the form and fee to this department by return mail.

Very truly yours,

Jack Mee
Building Commissioner

Checklist for Certificate of Inspection

1. Check all emergency lights for proper operation
2. Check Exit lights and signs for proper placement and operation
3. Check all egress doors and passages for proper operation and safe passages
4. Remove all dead bolts
5. Check placement and operation of all fire extinguishers
6. Check automatic fire suppression system for proper tags and inspections

COMMONWEALTH OF MASSACHUSETTS
TOWN OF WALPOLE
APPLICATION FOR CERTIFICATE OF INSPECTION

DATE_____

IN ACCORDANCE WITH THE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, SECTION 106.5, I HEREBY APPLY FOR CERTIFICATE OF INSPECTION FOR THE BELOW-NAMED PREMISES LOCATED AT THE FOLLOWING ADDRESS:

NAME OF PREMISES_____

STREET AND NUMBER_____

TELEPHONE_____

PURPOSE FOR WHICH PREMISES IS USED_____

LICENSE (S) OR PERMIT (S) REQUIRED FOR THE PREMISES BY OTHER GOVERNMENT AGENCIES:

LICENSE OR PERMIT   AGENCY

_____   _____

_____   _____

_____   _____

CERTIFICATE TO BE ISSUED TO_____

ADDRESS_____

OWNER OF RECORD OF BUILDING_____

ADDRESS_____

NAME OF PRESENT HOLDER OF CERTIFICATE_____

NAME OF AGENT, IF ANY_____

SIGNATURE OF PERSON TO WHOM CERTIFICATE IS ISSUED
OR HIS AUTHORIZED AGENT_____

TITLE_____

DATE_____

INSTRUCTIONS:

FEE IS $40.00

1. MAKE CHECK PAYABLE TO: TOWN OF WALPOLE
2. RETURN THIS APPLICATION WITH YOUR CHECK TO:
   INSPECTOR OF BUILDINGS
   TOWN OF WALPOLE
   135 SCHOOL ST
   WALPOLE, MA 02081

WHOM DO WE CONTACT FOR INSPECTION?_____

TELEPHONE_____